

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3277AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VENICE ADULT GROUP INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3508 VENICE DRIVE LAS VEGAS, NV 89108</b>		
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Y 000	<p><b>Initial Comments</b></p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 7/7/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental retardation. The census at the time of the survey was seven. Seven resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.</p> <p>The following deficiencies were identified:</p>	Y 000	<p>Acceptable POC Judy Belle 7/27/09</p>	
Y 103 SS=F	<p><b>449.200(1)(d) Personnel File - NAC 441A</b></p> <p><b>NAC 449.200</b> 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p><b>This RULE: is not met as evidenced by:</b> <b>Based on record review on 7/7/09, the facility</b></p>	Y 103 ✓	<p><b>Y103A. Employee # 2 had a history of positive skin test for Tuberculosis. Chest X-ray done, result is negative for Active TB. A copy of Evaluation for Active Tuberculosis conducted by a physician marked as Attachment #1.</b></p> <p><b>B. All Employee files will be reviewed every 6 months to ensure employee has a complete requirements in TB Screening. A Physician</b></p>	<p><b>RECEIVED</b> <b>JUL 23 2009</b> BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p> <p>28 7/28/09</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Y 103	Continued From Page 1  failed to ensure 1 of 4 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #2) for the protection of 7 of 7 residents (Resident #1, #2, #3, #4, #5, #6 and #7).  Severity: 2      Scope: 3	Y 103	Evaluation for active Tuberculosis, chest X-ray and follow up assessment for signs and symptoms of Tuberculosis is to be done annually after + PPD has been documented. Administrator will monitor for compliance. C. 7/17/09	
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This RULE: is not met as evidenced by: Based on record review on 7/7/09, the facility failed to ensure 1 of 4 caregivers had background checks completed (Employee #4). Employee #4 failed to have a signed criminal history statement, FBI check and finger prints.  This was a repeat deficiency from the 9/10/08 State Licensure survey.  Severity: 2      Scope: 1	Y 105 ✓	<u>Y 105</u> A. Employee #4 signed the Criminal History statement dated July 8, 2009 Fingerprint and FBI check result marked as Attachment # 2 B. All Employee files will be reviewed every 6 months to ensure employees completed and signed all the requirement needed for Background Check. The Administrator will monitor for compliance C. 7/8/09	7/29/09
Y 274 SS=C	449.2175(5) Service of Food - Substitutions  NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous	Y 274		

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Y 274	Continued From Page 2  place during the service of the meal.  This RULE: is not met as evidenced by: Based on observation and interview on 7/7/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. The facility did not follow the scheduled menu for 2 of 2 meals observed today.  This is a repeat deficiency from the 4/40/09 complaint survey.  Severity: 1 Scope: 3	Y 274 ✓	Y 274 A. A Menu was written and posted at the facility. Any substitution for menu must be documented by writing on the bottom of menu plan. Attachment # 3 (Menu- substitute) B. Advised caregiver to write down the substitute food on the bottom of the menu if theres any changes. Administrator will monitor for compliance. C. 7/17/09	JB 7/23/09
Y 353 SS=E	449.222(3) Bathrooms and Toilet Facilities  NAC 449.222 3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers.  This RULE: is not met as evidenced by: Based on observation on 7/7/09, the facility failed to ensure grab bars adjacent to the tub in 2 of 5 bathrooms. The bathroom in bedroom #8 and the bathroom in Bedroom #1.  Severity: 2 Scope: 2	Y 353 ✓	Y 353 A. Grab Bars were installed in the Bathroom of bedroom # 8 and Bedroom #1 Attachment # 4 picture B. Administrator will ensure that all bathrooms had a grab bars for the safety of all residents. Administrator will monitor for compliance. C. 7/17/09	JB 7/23/09
Y 356 SS=D	449.222(6) Bathrooms and Toilet Facilities  NAC 449.222 6. Bathroom doors that are equipped with locks	Y 356 ✓	Y 356 A. The locks in the caregiver bathroom was changed to a single motion lock,	JB 7/23/09

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Y 356	Continued From Page 3  must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.  This RULE: is not met as evidenced by: Based on observation on 7/7/09, the facility failed to ensure single motion locks on 1 of 5 bathrooms. The bathroom designated as the "caregivers" bathroom has a two motion lock.  Severity: 2 Scope: 1	Y 356	So it can be operable inside and outside of the bathroom. Attachment # 5 (picture & receipt). B. Administrator will ensure that all bathroom locks must have a single motion. Administrator will monitor for compliance. C. 7/17/09.	
Y 885 SS=F	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.  This RULE: is not met as evidenced by: Based on observation and interview on 7/7/09, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred.	Y 885 ✓	Y 885 A. All medication that are discontinued or belongs to Discharge resident or expired resident was already destroyed on April 7, 2009. Attachment # 6 Medication Destruction Records B. Medication that is Discontinued or belongs to discharged resident or expired resident must be destroyed right away. Administrator will conduct a random check on the medication cabinet and caregiver room once every month. C. 7/9/09	7/23/09

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Y 885	Continued From Page 4  Severity: 2    Scope: 3	Y 885		
Y 898 SS=C	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.  This RULE: is not met as evidenced by: Based on record review on 7/7/09, the facility failed to ensure the medication administration record (MAR) was accurate for 7 of 7 residents (Resident #1, #2, #3, #4, #5, #6 and #7).  Severity: 1    Scope: 3	Y 898 ✓	Y 898 A. Employee # 3 Administered the Medication on 7/6/09 PM and 7/9/09 AM but forget to sign it. Caregiver signed M.A.R's at the time of survey. Copy of M.A.R's Attachment #7 B. Remind Caregiver to sign the M.A.R. at the same time upon administering the medication for each resident. Administrator will check the M.A.R's every week to ensure that all medications are given correctly. Administrator will monitor for C. 7/17/09. Compliance.	7/29/09
Y 920 SS=F	449.2748(1) Medication Storage  NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or	Y 920 ✓	Y 920 A. All medication found in the caregiver room was destroyed on July 7, 2009 during the survey (medication Destruction Record - Attachment #8) B. All medication must be stored in a locked cabinet	7/23/09

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ALLSOUTH MEDICAL CERTIFICATION  
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Y 920	Continued From Page 5  medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.  This RULE: is not met as evidenced by: Based on observation on 7/7/09, the facility failed to keep medications for 6 of 7 residents in a locked area (Resident #2, #3, #4, #5, #6, and #7).  Severity: 2      Scope: 3	Y 920	and should be kept on lock area at all times. Employee was disciplined for storing all the discontinued medicines to her room. Administrator will monitor for compliance. C. 7/7/09.	
Y 923 SS=F	449.2748(3)(b) Medication Container  NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.	Y 923 ✓	Y 923 A. All the medication found inside the Caregiver Room that is not in the original container was destroyed on July 7, 2009. B. All medication including over the counter medication must be kept on their original container. Medication that are discontinued or belong	8/23/09

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Y 923	<p>Continued From Page 6</p> <p>This RULE: is not met as evidenced by: Based on observation on 7/7/09, the facility failed to keep medications in their original container affecting all residents. Medications were found pre poured, and approximately 10 ziploc bags of medications without names or prescriptions were found unlocked in the caregiver's bedroom.</p> <p>Severity: 2    Scope: 3</p>	Y 923	<p>to Discharged Resident must be kept on the original container and Administrator will destroy right away. Administration will monitor for compliance.</p> <p>C. 7/7/09</p>	

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